

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

P.O. Box 12088 - Austin, Texas 78711-2157

(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871

www.tdlr.texas.gov - cs.cosmetologists@tdlr.texas.gov

APPLICATION FOR:

Texas Cosmetology Esthetician/Manicurist Specialty License

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1601

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
License Fee			\$53.00		

USE THIS FORM IF YOU HAVE A COSMETOLOGY ESTHETICIAN/ MANICURIST SPECIALTY LICENSE**DO NOT WRITE ABOVE THIS LINE****NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.****1. Applicant's Full Name:**_____
Last (Family Name) First (Given Name) Middle**2. Do you have a Social Security Number?** (circle one) **YES** **NO****3. Applicant's Social Security No.:** _____ - _____ - _____

Note: If you have a Social Security Number (SSN), Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their SSN when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders.

4. Date of Birth: _____ **5. Gender:** **MALE** **FEMALE**
Month Day Year (circle one)**6. Mailing Address and Contact Information:** (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)_____
Number, Street and Apartment No. - OR - P.O. Box Number_____
City State Zip Code Country ()
Area Code Phone NumberFAX Number: () _____
Area Code Phone Number E-mail Address (johndoe@aol.com for example)**7. Cosmetology Esthetician License #** _____ **Cosmetology Manicurist License #** _____**8. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?** _____ **YES** _____ **NO** (check one) If YES, attach a "Criminal History Questionnaire" to this application. A Criminal History Questionnaire may be found at: www.tdlr.texas.gov/cosmet/cosmetforms.htmbarberforms.htm**9. Have you had a license, certification or registration suspended, revoked or denied in any state?** _____ **YES** _____ **NO** (check one) Please note this is not referring to a driver's license, but rather any type of work-related license, certification or registration. If YES, attach a "Disciplinary Action Questionnaire" with this application. A Disciplinary Action Questionnaire may be found at: www.tdlr.texas.govcosmet/cosmetforms.htm**STATEMENT OF APPLICANT****I certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1602 and 1603; 16 Tex. Admin. Code, Chapter 60; and the Cosmetology Administrative Rules, 16 Tex Admin. Code, Chapter 83. I understand that providing false information on this application may result in denial or revocation of the license I am requesting and the imposition of administrative penalties.**_____
Date Signed_____
Signature of Applicant**NOTE:** State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGS LC)** unless the licensee has entered into a repayment agreement with TGS LC. YOU SHOULD CONTACT TGS LC **BEFORE** FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGS LC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation, P.O. Box 15996, Austin, Texas 78761-5996; Telephone: 1-800-222-6297.**